Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 20/02/2018 16:45

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policyliability on the part of the insurance companies.

5. Any false reporting may be referred to the Police for investigation.

- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	20/02/2018 16:08
Date Of Accident	17/02/2018 16:50
Exact Location Of Accident	SLE TOWARDS TPE EXIT 1 AFTER YIO CHU KANG EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJT6094R
Insured/Policyholder	
Name Of Registered Owner	LEONG PUI CHING
NRIC No	S0232756B
Email Address	HOUCHING2@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93679719
Alternative Phone No	Office-94510685
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	AVANTE-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	Normal Usage
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100169956-08
Cover Note Number	
Driver	

Name of Driver TAN ZHUAN WEI EDWIN

NRIC No S9237364I
Date Of Birth 10/10/1992
Occupation OUTDOOR
Date Of Driving Pass 10/10/2013

Driving Experience 4 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-94510685

Fax Number

Contact Number

EMail Address HOUCHING2@GMAIL.COM

Address Postcode 664 YISHUN AVE 4 #08-281 SINGAPORE 760664

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

CHILDREN

Vehicle Registration Number of Driver's Own Vehicle

_

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident SIDE SWIPE
Weather Conditions RAINING
Road Surface WET

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

Was any body injured in the Accident? NO Was any injured conveyed to hospital by ambulance? NO

YES

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

Passenger 1

Name: : LEONG PUI CHING

Gender: : Female

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

NO

If Yes, against whom?

Circumstances of Accident

SEE ATTACH SKETCH PLAN & STATEMENT

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera?

NO

NO

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKD921R

Vehicle Make/Model/Colour

VOLKSWAGEN BROWN

Details Of Properties

FRONT BUMPER DAMAGE & DROP

Vehicle Category

PRIVATE CAR

Name of Driver

CHAN TECK SOON ALVIN

NRIC/Passport Number

S6837966J

Contact Number

98710880

Address

8 BALMORAL ROAD #09-03 SINGAPORE

Postcode

259792

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurence Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to todies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that

- (a) My insurer, my workshop and the General insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal pata/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer)s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims.
 - (ii) investigating the accident and/or my claims:
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail backages); and/or.
 - [V] complying with applicable law in administering, processing, handling and/or dealing with my claims. [collectively the "Purposes"].
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud periodicin, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(600

(ii) for complying with requirements under any regulations, laws or court disters.

Policyholder's Signature

Date & Time:

....

16 00

Driver's Signature

(If driver is not the policyholder)

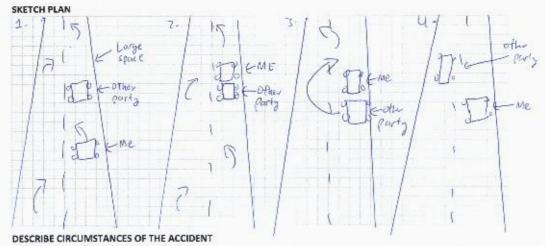
20/02/18

Date & Time

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.



As shown in picture I those was a large space after existing SLE towards TPE after from exit I after Yochmung exit. As the other party was moving slowly After speeding up ahead and the other into the right side again Space Still so greated me and humped into my back and went back to the left side stoyed out the left lone and slowed suddenly DALL once again cotto vehicle into the right wall thus making me dett, causing the collision between both rehicles - Other unt until I mentioned. party olid not realised it was a mersing lone There was no LIA comern according to L74

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time:

1600 20/2/18

70/02/18 1610

Driver's Signature (If driver is not the policyholder) Date & Time:

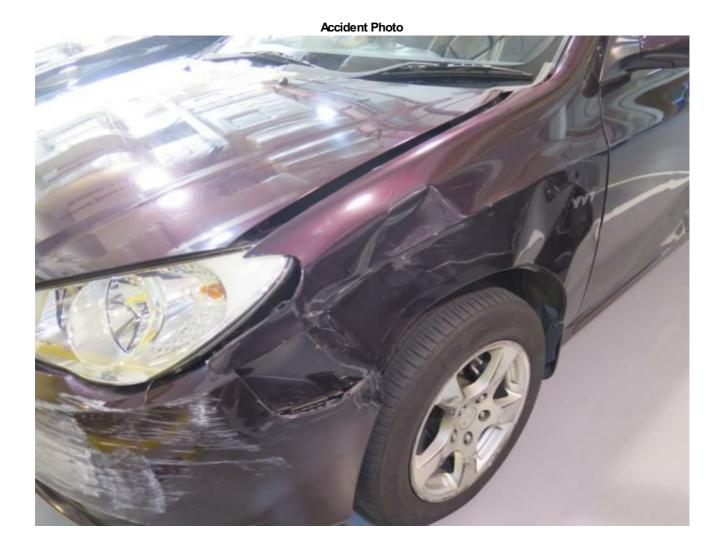
Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:









Accident Photo





